

P 587 178 887

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to <b>Douglas Piper</b>	
Street and No. <b>Route 2</b>	
P.O. State and ZIP Code <b>Fairfield, Pa. 17320</b>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date <b>Sent 9/20/85</b> <b>ck</b>	

PS Form 3811, July 1983

## SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- ☐ Show to whom, date and address of delivery.
- ☒ Restricted Delivery.

## 3. Article Addressed to:

**Douglas Piper**  
**Route 2**  
**Fairfield, Pa. 17320**

## 4. Type of Service:

- ☐ Registered    ☐ Insured  
☒ Certified    ☐ COD  
☐ Express Mail

## Article Number

**587 178**  
**887**

Always obtain signature of addressee or agent and  
**DATE DELIVERED.**

## 5. Signature -- Addressee

X

## 6. Signature -- Agent

X

## 7. Date of Delivery

**9/23/85**

**Oct 7**

**2 50 PM '85**

## 8. Addressee's Address (ONLY if requested and fee paid)

**CHARLES C. I. CLERK**

BY: \_\_\_\_\_

ROSENSTOCK, BURGEE  
& WELTY, P.A.  
FREDERICK, MARYLAND

DOMESTIC RETURN RECEIPT

FILED